

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: MAY 9, 2018 Case Number: 18-109

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Staci Brigham #5046
Premise Name: VETMED Consultants
Premise Address: 20610 North Cave Creek Road
City: Phoenix State: AZ Zip Code: 85024
Telephone: (602) 697-4694

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Barbara Thornberry
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Bunny
Breed/Species: Golden Retriever
Age: 10 Sex: Female Color: Golden

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

VETMED:

Dr. Mary Ann Radlinsky 20610 N Cave Creek Road, Phoenix, AZ 6026974694
Dr. Carly Blom 20610 N Cave Creek Road, Phoenix, AZ 6026974694
Dr. Staci Brigham 20610 N Cave Creek Road, Phoenix, AZ 6026974694
Dr. T Arch Robertson 20610 N Cave Creek Road, Phoenix, AZ 6026974694
Jennifer Lundal Office Admin 20610 N Cave Creek Road, Phoenix AZ 6026974694
SQUAWPEAK Dr Mike Ferrera 3165 E Lincoln D #115 Phoenix 85016 6025538855

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Barbara Thornberry [REDACTED]
Bill Thornberry [REDACTED]
Patricia Heichel [REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Barbara Thornberry

Date: 5-4-2018

F. ALLEGATIONS and/or CONCERNS:

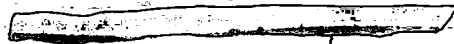
Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

I've attached a 2 page account of Cover ups and lies and illegal activities by Dr. Staci Brigham, a Veterinarian that works at the Emergency Clinic, VETMED. It's too long to type here, after I fill this page the oldest typing starts to disappear.

After reading there cant be any question any other Veterinarian with a moral compass and a compassionate heart, would never consider behaving like this. She nearly killed my dog Bunny. In addition, it is Dr.T Arch Robertsons clinic, he is JUST as responsible for my dog nearly dying. His employees are out of control.

In addition to proper sanctions & fines, Id like a complete fund of services totalling
VETMED \$4065.66
Squaw Peak \$1776.85

Thank you,
Sincerely,
Barbara Thornberry



Barbara Thornberry 5-4-2018

May 13, 2017

Dr. Brigham examined Bunny. The **Emergency Service Examination** document that Dr. Brigham signed indicates an AFAST ultrasound was done (See attachment #2). However, there is no mention of it on any other document, nor was I charged.

1. The "Emergency Examination Document" is the **ONLY** document that mentions the quick ultrasound scan. Not only is there **NO** mention ANYWHERE of an AFAST ultrasound being done, but there is **NO** diagnostic imaging of any kind mentioned. An X-RAY and complete ultrasound with corresponding reports are the "Standard of Care" for diagnosing Pyometra". There is **NO** record of ANY imaging done of Bunny's uterus AT ANY TIME!! Including the required diagnostic "X-RAY" imaging of her Uterus.

The Standard of Care regarding imaging for Pyometra is **X-ray AND a complete Ultrasound** of uterus:

***American College of Veterinary Surgeons** (See attachment #3) where Dr. Mary Ann Radlinsky is a diplomate

***Blackwell's Five-Minute Veterinary Consult Clinical Companion** Reference Book (See attachment #4)

***The American College of Veterinary Emergency and Critical Care** (See attachment #5)

The AFAST Scan is not meant to take the place of a complete ultrasound. (See attachment #6)

Imaging is crucial in emergencies. Imaging is what Bunny's surgical decisions **SHOULD HAVE BEEN** based on!! It is completely **UNETHICAL** to blindly operate on my dog!!! And I truly mean blindly since there is no record of ANY imaging, including the "alleged" AFAST scan.

After weeks of requesting the ultrasound image and report along with other missing documents (See attachment #1), VETMED's Hospital Administrator Jennifer Lundal claimed in an email:

"There were no ultrasound images saved from "Bunny's" quick scan done by Dr. Brigham, however Dr. Brigham's findings were noted in her Exam on May 13, 2017." (See attachment #7).

Arizona Regulation requires records be kept for 3 years (See attachment #8). As Hospital Administrator, Jennifer Lundal **KNOWS** this! This could only mean 1 of 2 things:

1. Diagnostic imaging and/or x-rays were either **NEVER** done or **NOT** done following the Standard of Care Guidelines. That means surgical decisions would have been based on a **GUESS** or a **WHIM** or the staff **GOT LAZY** and didn't complete the necessary diagnostic imaging that thorough and complete surgical decisions are based on.
2. Revealing the ultrasound image would be incriminating. It would show the uterus wasn't "that big". Certainly not big enough to warrant the size of her **HUGE** incision. The ultrasound image would show the incision didn't fit the procedure! (See x-ray attachment #9 from Squaw Peak).

On the **Emergency Service Examination** document, Dr. Brigham also indicates this alleged AFAST ultrasound revealed the following:

1. Uteromegaly
2. Echogenic fluid within uterine horns and body
3. No abdominal effusion

Without any diagnostic imaging done on Bunny, how was the Uteromegaly diagnosed? Or the Echogenic fluid within uterine horns? Or how about No abdominal effusion? How was that diagnosed? It was ALL a lie.

On this same document (See attachment #2), Dr. Brigham notes I "approved" an abdominal explore. An abdominal exploration was never ever discussed! Why would an exploration of her abdominal cavity be done for suspected pyometra? That doesn't even make sense?

While we were conversing, I made mention if Pyometra confirmed and Bunny was to have her uterus removed, to please peek at her spleen for any signs of Hemangiosarcoma. Golden Retrievers are prone to Hemangiosarcoma. That is ALL that was mentioned. The spleen is visible under the uterus. NEVER EVER was an Abdominal Explore discussed. An abdominal explore was added later, to cover up whatever happened to my dog while under VETMEDS care. Whatever this "event" was, that the staff at VETMED was covering up, was the cause of Bunny's nosocomial infection in her abdominal cavity.

Clearly my "lack of a signature" agreeing to the procedure (See Attachment #2), coupled with the obvious random insertion of "Abdominal explore" (which is out of numerical sequence) is evident that abdominal explore was added later for some self-serving reason.

NO other document mentions AB EX. No mention on the original estimate of fees, nor even a mention on Dr. Radlinsky's surgical report. The only time the words "Abdominal Explore" was mentioned was on the Emergency Service Examination document which was UNSIGNED by me!

Altering the document for self-gain and the lack of signature on this document is confirmatory this was never authorized by myself.

Dr. Brigham deliberately lied about any diagnostic imaging being done. She lied about my approval of an abdominal explore. The whole exam document reeks of untruths!

A Responsible Veterinarian would never lie and claim they aren't required to keep diagnostic imaging, when Statutes require records kept for 3 years.

A Responsible Veterinarian would NOT perform an abdominal explore for no reason. And certainly, a Responsible Veterinarian wouldn't perform an Abdominal Explore or an Ovariohysterectomy blindly, without any diagnostic imaging.

A Responsible Veterinarian would NOT tamper and alter documents for their own gain.

This horrendous irresponsible neglect of my dog by Dr. Brigham was just the beginning of a series of lies and coverups. Bunny nearly died.

In addition to the proper disciplinary sanctions, I'd like a refund of all monies paid.

VETMED \$4065.66 (See attachment #33)

SQUAW PEAK \$1776.85 (See attachment #33)

Thank You,
Barbara Thornberry

Barbara Thornberry 5/4/2018

In Re: Staci Brigham, D.V.M., Cause No. 18-109

Bunny Thornberry, a ten (10) year old intact female Golden Retriever with a history of prior litters, presented to VetMed Emergency Services ("VetMed"), as a walk-in, on May 15, 2017. Bunny's owner, Barbara Thornberry, reported that Bunny had been lethargic, and had failed to get up and walk. Ms. Thornberry informed me that she had given subcutaneous fluid therapy to Bunny the previous day, but did not see a marked improvement in her condition. During my initial physical examination, I noted abdominal distension, and observed several clinic signs of pyometra, including vaginal discharge, and a firm and painful abdomen.

I spoke with Ms. Thornberry about my concern for pyometra. I performed an AFAST (abbreviated abdominal ultrasound), which showed marked uteromegaly and echogenic fluid within the uterine horns and body. There was no evidence of pregnancy, and I did not see free abdominal effusion. After noting that Bunny had a fluid filled and distended uterus, I was confident that Bunny had pyometra.

Given Bunny's diagnosis, I advised Ms. Thornberry that surgery was recommended. We spoke at length about the procedure and the fact that Bunny would need to be spayed. Ms. Thornberry requested that Bunny's spleen be evaluated and inquired about a potential splenectomy. I informed her that Dr. Radlinsky, who was performing the surgery, would evaluate Bunny's spleen. I also advised Ms. Thornberry that Dr. Radlinsky would only consider splenectomy if she observed a problem as additional problems could arise from combining an elective surgery with the ovariohysterectomy. After reviewing the invoice, Ms. Thornberry approved the estimate for surgery.

We placed an IV catheter, and collected a blood sample from Bunny. Blood work showed a leukocytosis (WBC 43.54K), hyperglobulinemia (5.6) and mild anemia (RBC 5.45, HCT 35.7%), which are typical abnormalities with pyometra. Treatments included IV crystalloids (LRS), hydromorphone (0.1 mg/kg IV), and Unasyn (30 mg/kg IV). I then transferred Bunny's care to Dr. MaryAnn Radlinsky, who would be performing the ovariohysterectomy. I also confirmed with Dr. Radlinsky's team that Ms. Thornberry requested that they evaluate Bunny's spleen at some point during the operation.

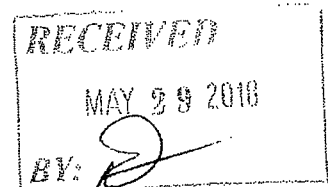
Bunny's recovery from surgery was unremarkable. Cerenia (1 mg/kg IV) was administered post operatively. She was then transferred back to the Emergency and Critical Care team for continued care. I had no further involvement in Bunny's care after that time.

I am confident that all veterinary services provided by me to Bunny were performed professionally, and in compliance with the applicable standard of care. A copy of the Bunny's medical records, testing, and discharge instructions are enclosed with this Response. It is my understanding that Bunny had an atypical, resistant bacterial infection causing a necrotizing, aggressive pyometra, which complicated her recovery and required a second surgery. Thank you for providing me with the opportunity to respond to this Complaint. I respectfully request that the Board dismiss Claim No. 18-109 with no violations.

Respectfully submitted,

Staci Brigham, D.V.M.

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Donald Noah, D.V.M. - Chair
Amrit Rai, D.V.M.
Adam Almaraz
Christine Butkiewicz, D.V.M.
William Hamilton

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Michael Rainne, Assistant Attorney General

RE: Case: 18-109
Complainant(s): Barbara Thornberry
Respondent(s): Staci Brigham, DVM (License: 5046)

SUMMARY:
Complaint Received at Board Office: 5/9/18
Committee Discussion: 9/11/18
Board IIR: 10/17/18

APPLICABLE STATUTES AND RULES:
Laws as Amended July 2014
(Salmon); Rules as Revised September
2013 (Yellow)

On May 13, 2017, "Bunny," a 10-year-old intact female Golden Retriever was presented to Respondent due to lethargy and unwillingness to get up and walk. An abbreviated abdominal ultrasound was performed and Respondent suspected pyometra based on the results and clinical signs; surgery was recommended. Complainant approved and requested the dog's spleen be evaluated during the surgical procedure.

Complainant contends Respondent was negligent in the care of the dog for not performing a complete ultrasound and radiographs, and altering medical records with respect to Complainant approving an abdominal exploratory.

**Complainant was noticed and appeared. Witness, Ms. Patricia Heichel appeared.
Respondent was noticed and appeared telephonically. Counsel, Reed Campbell, appeared.
The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Barbara Thornberry*
- Respondent(s) narrative/medical record: *Staci Brigham, DVM*
- Witness(es) narrative: *Bill Thornberry and Patricia Heichel*

PROPOSED 'FINDINGS of FACT':

1. On May 13, 2017, the dog was presented to Dr. Brigham due to lethargy and unwillingness to get up or walk. Complainant reported that her last heat cycle was approximately 10 days earlier, she has had previous litters and Complainant administered SQ fluids at home the previous day. Upon exam, the dog had a weight = 27kgs (Complainant believes the dog actually weighed 34kgs), a temperature = 102.3 degrees, a heart rate = 130bpm and a respiration rate = panting. The abdomen palpated distended, firm and painful; there was blood tinged vulvar discharge and the dog was ambulatory on all four limbs without lameness.

2. Dr. Brigham discussed her concerns for pyometra and performed an abbreviated abdominal ultrasound. The ultrasound revealed uteromegaly and echogenic fluid within the uterine horns and body. There was no evidence of pregnancy and she did not see free abdominal effusion. After noting that the dog had a fluid filled and distended uterus, Dr. Brigham was confident that the dog had a pyometra. Dr. Brigham discussed her diagnosis with Complainant and recommended surgery. They spoke at length about the procedure and the fact that the dog would need to be spayed. At this time, Complainant asked for the dog's spleen to be evaluated and inquired about a potential splenectomy. Dr. Brigham explained that Dr. Radlinsky would be performing the procedure and would only consider a splenectomy if she observed a problem as additional problems could arise from combining an elective surgery with the ovariohysterectomy. She stated that Complainant reviewed the invoice and approved the estimate for surgery.

3. According to Complainant, she did not approve an abdominal exploratory as the paperwork indicates.

4. Dr. Brigham collected blood for testing and had an IV catheter placed. Blood work showed leukocytosis, hyperglobulinemia and mild anemia. Lactated Ringer's Solution was started. The dog was administered hydromorphone and unaysn IV and was transferred the dog to Dr. Radlinsky to perform the ovariohysterectomy. Dr. Brigham advised Dr. Radlinsky's team that Complainant requested that the dog's spleen be evaluated at some point during the procedure.

5. Dr. Radlinsky called Complainant before the surgery to address any questions she had regarding the procedure, the dog's diagnosis, and prognosis. Complainant requested photos of the uterus be taken during surgery.

6. The dog was induced with midazolam and propofol, intubated and maintained on isoflurane and oxygen. The surgery was performed and Dr. Radlinsky reported that the uterus was large and vascular. The spleen was normal. The abdomen was lavaged and suctioned after the infected uterus was removed. No hemorrhage was noted in the lavage. The abdomen was closed. Dr. Radlinsky aspirated the uterus and sanguinous fluid was removed and submitted for culture and susceptibility; the uterus was also submitted for histopathologic evaluation. Cerenia was added to the dog's treatment regime.

7. Dr. Radlinsky stated that the dog remained stable throughout the procedure except for the mild hypothermia related to general anesthesia and open abdominal surgery. To address this,

the dog was provided with a heated blanket during surgery, the abdomen was flushed with warm saline, and the surgery was performed on a warming surgical table to provide an additional heat source.

8. After the procedure, Dr. Radlinsky spoke with Complainant to let her know that the surgery went well and the dog was going to stay overnight on IV fluids and pain medication. Complainant asked if the spleen was removed; Dr. Radlinsky advised that the spleen looked fine therefore there was no reason to remove the spleen. She also relayed that there was more blood in the uterus compared to normal, but suspected it was due to the recent estrus. Samples were submitted for culture and biopsy to ensure there was nothing else to be concerned about.

9. The dog's care was transferred to Dr. Dombek for the overnight shift.

10. On May 14, 2017, 8am, Dr. Blom took over the care of the dog. Dr. Blom examined the dog; weight = 26.6kg, temperature = 99.9 degrees, a heart rate = 100bpm and a respiration rate = 40rpm. The dog had not been interested in food and water and she was BAR. Dr. Blom noted that the dog had some dried blood around the vulva but no active discharge at that time. The bandage over the incision was clean and dry. The plan was to continue IV fluids, hydromorphone, unasyn, and cerenia. Dr. Blom wanted to transition to oral tramadol and Clavamox pending culture and sensitivity. Due to the dog's inappetence ondansetron was added to the dog's treatment regime. Blood work would also be rechecked.

11. Dr. Blom phoned Complainant with an update on the dog. She advised that the dog was not eating or drinking yet, Complainant was motivated to take the dog home as she felt the dog would do better but agreed to keep the dog hospitalized until the afternoon.

12. At discharge, Dr. Blom met with Complainant. She was upset that they did not have pictures of the uterus as she had requested. Dr. Blom stated that at that time she did not have access to the photographs that may have been taken during the procedure. Additionally, Complainant stated that she demanded that the dog's spleen be removed due to the potential for hemangiosarcoma in the breed. Dr. Blom relayed that Dr. Radlinsky documented that the spleen was normal and she would not prophylactically perform a splenectomy on an emergency basis like this procedure.

13. Dr. Blom asked what was discussed with the admitting doctor, Dr. Brigham. Complainant insisted that she never met with a doctor, only staff. She told staff that they wanted the spleen removed and pictures of the procedure. Dr. Blom gave Complainant the hospital administrator information so she could assist with her concerns.

14. On May 17, 2017, Complainant called to report the dog was constipated. Dr. Blom suggested, through staff, canned pumpkin. Complainant was upset with staff and wanted to speak with the hospital administrator to complain.

15. Later that day, Dr. Blom returned Complainant's call. Dr. Blom explained that constipation could be due to ileus, narcotics, etc and would need to examine the dog to determine if the dog was indeed constipated. Diarrhea could also cause tenesmus. Complainant cited financial constraints and could not afford to bring the dog in to be seen by VETMED or her regular

veterinarian. Complainant asked Dr. Blom for an enema dosage. Dr. Blom said that she could not give her one and would not recommend administering the dog a human enema. Dr. Blom recommended continuing cerenia and they could consider an appetite stimulant since the dog's appetite was not fully back. At this point, Complainant began yelling at the top of her lungs and grunting on phone, using profanities, claiming Dr. Blom does not want to help; Complainant hung up on Dr. Blom before she could relay the preliminary culture results.

16. On May 18, 2017, the dog was presented to Dr. Ferrera due to not eating or drinking and straining to urinate and defecate. The dog underwent a pyometra surgery on May 13th and the dog was on Clavamox, but Complainant discontinued the tramadol due to constipation. Culture was taken from uterine fluid and the uterus was submitted for histopathology. Upon exam, the dog had a weight = 75 pounds, a temperature = 104.3 degrees, a heart rate = 130bpm and a respiration rate = panting. Dr. Ferrera noted that the dog had a pendulous abdomen that appeared fluid filled and a mass like effect could be palpated in the caudal abdomen. PCV = 28%, WBC 29k. Radiographs revealed loss of detail at linea intra-abdominal, possible fluid opacity. Dr. Ferrera's assessment was sepsis, fluid in abdomen. Surgery was recommended and approved by Complainant.

17. An IV catheter was placed, normasol-R fluids were initiated and the dog was induced with propofol and maintained on isoflurane and oxygen. The exploratory revealed that the falciform ligament was inflamed and partially necrotic. There were multiple adhesions of the intestine and omentum and the falciform. The falciform was resected. There was some pink tinged fluid free in the abdominal cavity. There were also multiple adhesions at the level of the uterine stump. The stump was black and adhered to the bladder and the colon. The adhesions were creating a strange angle for the bladder and the colon likely causing the straining to urinate and defecate. The adhesions were removed, and the affected areas of the stump were resected. In the area of the left ovarian pedicle there was a large adhesion to the jejunum. Dr. Ferrera removed the adhesion to find that a section of the jejunum was compromised and resection and anastomosis was required. In the area of the right ovarian pedicle was a small adhesion and slight oozing from the right pedicle. It was religated. The abdomen was lavages and suctioned multiple times and closed. The dog was administered morphine and baytril.

18. The dog was discharge later that day with instructions to continue Clavamox and tramadol. Once Dr. Ferrera received the culture results from VETMED he would contact Complainant.

19. On May 18, 2017, Dr. Radlinsky called Complainant's regular veterinarian's office to make them aware that preliminary culture results came back as *pseudomonas aeruginosa*. They requested them to be faxed over.

20. The following day, Dr. Ferrera had staff contact Complainant to advise her of the culture results and the need to change antibiotics to marbofloxacin. A prescription was called in to a compounding pharmacy.

21. On May 23, 2017, the histopathology results revealed a necrotizing endometritis. Dr. Ferrera phoned Complainant to relay the results and check on the dog. Complainant reported that the dog was recovering well; eating and drinking.

COMMITTEE DISCUSSION:

The Committee discussed that every surgery is essentially an exploratory surgery as a doctor still needs to visually confirm what diagnostics have possibly revealed. Whether the procedure was labeled a pyometra, a spay or an exploratory surgery, it would have resulted in the same actions.

The Committee stated that the dog presented as a routine pyometra, however it turned out involve a rare bacterial complication – pseudomonas aeruginosa an atypical, aggressive pathogen. Due to Respondents' care and treatment of the dog, the dog's life was saved. The Committee was comfortable that the medical records were made available to Complainant's regular veterinarian, Dr. Ferrera, in a timely manner.

The Committee discussed that after reviewing all of the case file materials, they failed to see evidence of intentional wrong-doing or attempts to cover up anything. The medical records, and the outcome of this case, support that the doctors exercised more than reasonable care. Standard of care is to meet the medical needs of a patient at that time. The pyometra was found via ultrasound; performing radiographs or another ultrasound would not have given them anymore information and saved Complainant on costs and time. Additionally, performing an elective splenectomy at the same time of the pyometra would not have been appropriate.

Complainant went through the medical records and performed online searches to help interpret the information with the intention of recouping the fees associated with the dog's care and treatment.

Due to the type of pathogen found the Committee was not surprised to hear that the second surgery revealed adhesions and serosanguinous fluid in the abdomen. It takes a few days to get results of a culture back which is why Dr. Ferrera did not perform another one. Once he had the results, appropriate changes in medication were made.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

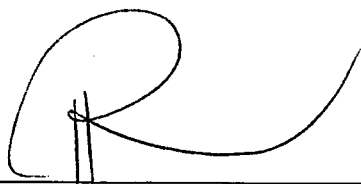
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'Riendeau', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division